Fill in this information to identify your case:		
United States Bankruptcy Court for the:  EASTERN DISTRICT OF MICHIGAN, DETROIT DIVISION		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case)
l. You	Your full name		
	Write the name that is on	Allen	
	your government-issued picture identification (for	First name	First name
example, your	example, your driver's	M	
	license or passport).	Middle name	Middle name
	Bring your picture	_ Quail, Jr.	
	identification to your meetin with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
	Only the last 4 digits of your Social Security number or federal		
	Individual Taxpayer Identification number (ITIN)	xxx-xx-4643	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live	800 Lockwood Rd	If Debtor 2 lives at a different address:		
		Royal Oak, MI 48067-1610  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Oakland			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I	Check one:  Over the last 180 days before filing this petition, I have		
		have lived in this district longer than in any other district.	lived in this district longer than in any other district.		
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Part 3: Report About Any Businesses You Own as a Sole Proprietor  12. Are you a sole proprietor of any full- or part-time business?  No. Go to Part 4.  Yes. Name and location of business  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  Book to Part 4.  Name and location of business  Allen M Quail J Band  Name of business, if any  800 Lockwood Rd  Royal Oak, MI 48067-1610  Number, Street, City, State & ZIP Code  Check the appropriate box to describe your business:	
12. Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it  Go to Part 4.  Name and location of business  Allen M Quail J Band  Name of business, if any  800 Lockwood Rd  Royal Oak, MI 48067-1610  Number, Street, City, State & ZIP Code	
of any full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it  Go to Part 4.  Name and location of business  Allen M Quail J Band  Name of business, if any  800 Lockwood Rd  Royal Oak, MI 48067-1610  Number, Street, City, State & ZIP Code	
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it  Allen M Quail J Band  Name of business, if any  800 Lockwood Rd  Royal Oak, MI 48067-1610  Number, Street, City, State & ZIP Code	
business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it  Allen M Quail J Band  Name of business, if any  800 Lockwood Rd  Royal Oak, MI 48067-1610  Number, Street, City, State & ZIP Code	
If you have more than one sole proprietorship, use a separate sheet and attach it  800 Lockwood Rd Royal Oak, MI 48067-1610  Number, Street, City, State & ZIP Code	
sole proprietorship, use a separate sheet and attach it Number, Street, City, State & ZIP Code	
Separate Sheet and attach it	
to the petition.	
Health Care Business (as defined in 11 U.S.C. § 101(27A))	
Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
Stockbroker (as defined in 11 U.S.C. § 101(53A))	
Commodity Broker (as defined in 11 U.S.C. § 101(6))	
None of the above	
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  If you are filing under Chapter 11, the court must know whether you are a small business of deadlines. If you indicate that you are a small business debtor, you must attach your most response to operations, cash-flow statement, and federal income tax return or if any of these documents U.S.C. 1116(1)(B).	ecent balance sheet, statement of
For a definition of <i>small</i>	
business debtor, see 11 U.S.C. § 101(51D).    No. I am filing under Chapter 11, but I am NOT a small business debtor accordin Code.	ng to the definition in the Bankruptcy
Yes. I am filing under Chapter 11 and I am a small business debtor according to	the definition in the Bankruptcy Code.
Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention	
14. Do you own or have any	
property that poses or is alleged to pose a threat of Yes. imminent and identifiable What is the hazard? hazard to public health or	
safety? Or do you own any property that needs immediate attention?  If immediate attention is needed, why is it needed?	
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  Where is the property?	
Number, Street, City, State & Zip Code	

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

		-		
			 	 -100
About	Debtor 1			
About	Deproi I			

### You must check one.

I received a briefing from an approved credit

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

Debt	tor 1 Quail, Allen M Jr.			Case number	ſ (if known)				
Part	6: Answer These Question	ns for Re	porting Purposes						
16.	What kind of debts do you have?	16 <b>a</b> .		nsumer debts? Consumer debts are define nal, family, or household purpose."	ed in 11 U.S.C.§ 101(8) as "incurred by an				
			☐ No. Go to line 16b.						
			Yes. Go to line 17.						
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you ow	re that are not consumer debts or business of	debts				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	Yes.		o you estimate that after any exempt property le to distribute to unsecured creditors?	y is excluded and administrative expenses are				
	administrative expenses are paid that funds will be		No						
	available for distribution to unsecured creditors?		Yes						
18.	How many Creditors do you estimate that you	1-49		☐ 1,000-5,000 ☐ 5001-10,000	☐ 25,001-50,000 ☐ 50,001-100,000				
	owe?	☐ 50-99 ☐ 100-1 ☐ 200-9	99	☐ 10,001-25,000	☐ More than100,000				
19.	How much do you estimate your assets to	\$0 - \$	50,000 01 - \$100,000	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million	\$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion				
	be worth?	<b>\$</b> 100,	001 - \$100,000 001 - \$500,000 001 - \$1 million	\$50,000,001 - \$100 million \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
20.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?	_	001 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion				
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ More than \$50 billion				
Par	t 7: Sign Below								
	you	I have ex	amined this petition, and I decl	are under penalty of perjury that the informat	ion provided is true and correct.				
				7, I am aware that I may proceed, if eligible, ilable under each chapter, and I choose to proceed.	under Chapter 7, 11,12, or 13 of title 11, United roceed under Chapter 7.				
		If no atto	rney represents me and I did no ained and read the notice requi	ot pay or agree to pay someone who is not alred by 11 U.S.C. § 342(b).	n attorney to help me fill out this document, I				
				chapter of title 11, United States Code, spe					
		l unders case car	and making a false statement, result in fines up to \$250,000,	concealing property, or obtaining money or p or imprisonment for up to 20 years, or both.	property by fraud in connection with a bankruptcy 18 U.S.C. §§ 152, 1341, 1519, and 3571.				
			Queil, Jr. e of Debtor 1	Signature of Debto	or 2				
		Execute	December 11, 2018		M/DD/YYYY				

Debtor 1 Quail, Allen M Jr	r. Case	e number (if known)
For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in this petition, declare that I have info Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained t person is eligible. I also certify that I have delivered to the debtor(s) the notic which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquir petition is incorrect.  Date  Signature of Attorney for Debtor  David G. Cain  Printed name  David Cain  Firm name  400 W Maple Rd Ste 200  Birmingham, MI 48009-3351  Number, Street, City, State & ZIP Code  Contact phone  Email address  P33265  Bar number & State	he relief available under each chapter for which the ce required by 11 U.S.C. § 342(b) and, in a case in

Fill in this	information to i	dentify your case	and thi	s filing:		
Debtor 1	Allen M Qua	il, Jr.	Name	Last Name		
Debtor 2						
Spouse, if filing)	First Name	Middle		Last Name		
Inited States Bank	ruptcy Court for	the: EASTERN I	DISTRIC	CT OF MICHIGAN, DETROIT DIVISION		
Case number						Check if this is an amended filing
						unionada ming
Official For	m 106A/B					
Schedule	A/B: Pi	roperty				12/15
formation. If more inswer every questing art 1: Describe E  Do you own or ha	space is needed, a on. ach Residence, B ve any legal or eq 2.	attach a separate sh	eet to th	narried people are filing together, both are e is form. On the top of any additional pages, Estate You Own or Have an Interest In ence, building, land, or similar property?		
Yes. Where is	the property?					
1.1			What	is the property? Check all that apply		
800 Lockw Street address, if	ood Rd available, or other de-	scription		Single-family home  Duplex or multi-unit building  Condominium or cooperative	the amount of any secu	claims or exemptions. Put ured claims on Schedule D: laims Secured by Property.
				Manufactured or mobile home	Current value of the	Current value of the
Royal Oak	MI	48067-1610			entire property?	portion you own?
City	State	ZIP Code		Investment property Timeshare	\$166,200.00	\$166,200.0 of your ownership interest
						enancy by the entireties, o
			WINO	has an interest in the property? Check one Debtor 1 only	Fee Simple	
Oakland				Dobtoi Z omy		
County					(see instructions)	ommunity property
				40, Oakmoor Sub. as recorded er 30 Page 32. #25-16-332-007		
				our entries from Part 1, including any e		\$166,200.00
	iched for Part 1. Your Vehicles	Write that numbe	r here			V 100,200.00
Do you own, leas someone else drive	e, or have legal		t on Sch	ny vehicles, whether they are registered nedule G: Executory Contracts and Unexp		ehicles you own that
2		Jone Walley Tolliolo.	_,			
■ No □ Yes						
<b>—</b> 163						

Official Form 106A/B

Schedule A/B: Property

Debtor 1	Quail, Allen M Jr.	Case number (	(if known)
		her recreational vehicles, other vehicles, and accessories aft, fishing vessels, snowmobiles, motorcycle accessories	s
_	o. Boato, transfer, motore, personal trateron	and, norming records, cristmostics, meterojete accessores	
■ No			
☐ Yes			
		- II of a second decided from Bard O to deall a second decide of	
		or all of your entries from Part 2, including any entries for er here⇒	\$0.00
art 3: De	escribe Your Personal and Household Items		
o you o	vn or have any legal or equitable intere	st in any of the following items?	Current value of the
			portion you own?  Do not deduct secured claims or exemptions.
Examp	old goods and furnishings les: Major appliances, furniture, linens, chi	na, kitchenware	
□ No	Describe		
- res.	Household Goods	and Furnishings	\$4,000.00
	Drum Set		\$357.00
	Drain oct		
Electro			
	les: Televisions and radios; audio, video, si including cell phones, cameras, med	tereo, and digital equipment; computers, printers, scanners; m ia players, games	iusic collections; electronic devices
☐ No			
Yes	. Describe		_
	Cell Phone		\$250.00
. Equipm Examp	Describe  nent for sports and hobbies  bles: Sports, photographic, exercise, and of instruments	ther hobby equipment; bicycles, pool tables, golf clubs, skis; ca	anoes and kayaks; carpentry tools; musical
■ No	. Describe		
0. Firea			
Exan	nples: Pistols, rifles, shotguns, ammunition	i, and related equipment	
■ No	. Describe		
1. Cloth			
Exam	nples: Everyday clothes, furs, leather coats	, designer wear, shoes, accessories	
Yes	s. Describe		
_ 100	Clothing		\$500.0
2. Jewe Exar		engagement rings, wedding rings, heirloom jewelry, watches, g	gems, gold, silver
■ No			
☐ Yes	s. Describe		
	farm animals nples: Dogs, cats, birds, horses		
■ No			
Official Fo	orm 106A/B	Schedule A/B: Property	page

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	Quail, Allen				Case number (if known)	
☐ Yes.	Describe					
. Any oth	ner personal and	household i	items vou did not	t already list, including any l	health aids you did not list	
■ No						
☐ Yes.	Give specific info	rmation				
5. Add t	he dollar value o	of all of your	entries from Part	t 3, including any entries for	pages you have attached for	\$5 407 00
Part 3	3. Write that num	ber here				\$5,107.00
art 4: Des	scribe Your Finance	cial Assets				
o you ow	n or have any le	gal or equita	able interest in an	ny of the following?		Current value of the
						portion you own?  Do not deduct secured claims or exemptions.
Cash						
	oles: Money you ha	ave in your wa	allet, in your home,	, in a safe deposit box, and on h	hand when you file your petition	
■ No						
☐ Yes						
. Deposi	its of money					
Examp	oles: Checking, sa	ivings, or othe	er financial account	its; certificates of deposit; share with the same institution, list ea	es in credit unions, brokerage hous	es, and other similar
□ No	mstitutions.	ii you nave ii	iditiple accounts v	with the same institution, list ea	acti.	
				Institution name:		
165						
						\$1,297.
		17.1 C	hacking Accou	unt Bank of America		
		17.1. C	hecking Accou	unt Bank of America		71,2011
		17.1. <b>C</b>	hecking Accou	unt Bank of America		
			hecking Accou			\$15
Exam <sub>i</sub> ■ No		17.2. Sor publicly tr	avings Accour	Bank of America erage firms, money market according	ounts	
■ No □ Yes.	ples: Bond funds,	17.2. Soor publicly trinvestment and	avings Accountance aded stocks accounts with broke titution or issuer n	Bank of America erage firms, money market accomame:		\$15.
Examp  No Yes.  Non-pe	ples: Bond funds,	17.2. Soor publicly trinvestment and	avings Accountance aded stocks accounts with broke titution or issuer n	Bank of America erage firms, money market accomame:	ounts sinesses, including an interest in	\$15.
Examp  No  Yes.  Non-pe joint v  No	ples: Bond funds,ublicly traded streament	17.2. Soor publicly tr investment and Ins	avings Accour raded stocks eccounts with broke titution or issuer n	Bank of America erage firms, money market accomame:		\$15.
Examp  No  Yes.  Non-pe joint v  No	ples: Bond funds,	17.2. Soor publicly transvestment and lines ock and interference of the second	avings Accour raded stocks eccounts with broke titution or issuer n	Bank of America erage firms, money market accomame:		\$15.
Examp No Yes.  9. Non-pi joint v No Yes.	ples: Bond funds,  ublicly traded structure  Give specific informent and corporations instruments	17.2. Soor publicly trinvestment and Instantion about and interest or the source of th	avings Accourt raded stocks ccounts with broke titution or issuer n rests in incorpora out them of entity: and other negotional checks, cashie	erage firms, money market accomame:  rated and unincorporated but  included and non-negotiable insiders' checks, promissory notes,	sinesses, including an interest in % of ownership: truments and money orders.	\$15.
Examp No Yes.  9. Non-pi joint v No Yes.	ples: Bond funds,  ublicly traded structure  Give specific informent and corporations instruments	17.2. Soor publicly trinvestment and Instantion about and interest or the source of th	avings Accourt raded stocks ccounts with broke titution or issuer n rests in incorpora out them of entity: and other negotional checks, cashie	erage firms, money market accomame: rated and unincorporated but	sinesses, including an interest in % of ownership: truments and money orders.	\$15.
Examp No Yes.  9. Non-pi joint v No Yes.  0. Gover Negoti Non-ri	ublicly traded structure  Give specific informent and corporation instruments negotiable instruments	17.2. Soor publicly trinvestment and Instantant and Instantant Ins	avings Accourt raded stocks ccounts with broke titution or issuer n rests in incorpora out them of entity: and other negotional checks, cashie e you cannot trans	erage firms, money market accomame:  rated and unincorporated but  included and non-negotiable insiders' checks, promissory notes,	sinesses, including an interest in % of ownership: truments and money orders.	\$15.
Examp No Yes.  9. Non-pi joint v No Yes.  0. Gover Negoti Non-ri	ples: Bond funds,  ublicly traded structure  Give specific informent and corporations instruments	17.2. Soor publicly trinvestment and Instantant and Instantant Ins	avings Account added stocks accounts with broke titution or issuer in rests in incorporate them	erage firms, money market accomame:  rated and unincorporated but  included and non-negotiable insiders' checks, promissory notes,	sinesses, including an interest in % of ownership: truments and money orders.	\$15.
Examp No Yes.  9. Non-pi joint v No Yes.  0. Gover Negot Non-r No Yes.	ublicly traded structure  Give specific informent and corporate instruments negotiable instruments. Give specific informent or pension	17.2. Soor publicly trinvestment and Instantion about Name orate bonds include personants are those permation about Issuer accounts	avings Accourt raded stocks ccounts with broke titution or issuer n rests in incorpora out them of entity: and other negotional checks, cashie e you cannot trans at them name:	erage firms, money market accommand:  rated and unincorporated but  included and non-negotiable insiders' checks, promissory notes, offer to someone by signing or designing o	sinesses, including an interest in % of ownership: truments and money orders.	\$15.
Examp No Yes.  9. Non-pi joint v No Yes.  0. Gover Negot Non-r No Yes.	ublicly traded structure  Give specific informent and corporate instruments negotiable instruments. Give specific informent or pension	17.2. Soor publicly trinvestment and Instantion about Name orate bonds include personants are those permation about Issuer accounts	avings Accourt raded stocks ccounts with broke titution or issuer n rests in incorpora out them of entity: and other negotional checks, cashie e you cannot trans at them name:	erage firms, money market accommand:  rated and unincorporated but  included and non-negotiable insiders' checks, promissory notes, offer to someone by signing or designing o	sinesses, including an interest li % of ownership: truments and money orders. elivering them.	\$15.
Examp No Yes.  9. Non-pi joint v No Yes.  0. Gover Negoti Non-ri No Yes.	ublicly traded structure  Give specific informent and corporate instruments negotiable instruments. Give specific informent or pension	17.2. Soor publicly trinvestment and Instruction about Name orate bonds include personants are those primation about Issuer accounts	avings Accourt raded stocks ccounts with broke titution or issuer in rests in incorpora out them of entity: and other negotional checks, cashie e you cannot trans at them name: Keogh, 401(k), 40	erage firms, money market accommand:  rated and unincorporated but  included and non-negotiable insiders' checks, promissory notes, offer to someone by signing or designing o	sinesses, including an interest li % of ownership: truments and money orders. elivering them.	\$15.
Example No Yes.  9. Non-pagoin Non-rall No Yes.  21. Retire Example No Yes.  22. Secur Your Example No	ublicly traded structure  Give specific informent and corporate instruments in a gotiable instruments. Give specific informent or pension in ples: Interests in a List each accountity deposits and share of all unuse	17.2. Soor publicly trinvestment and Instruction about Name of	avings Accountance and avings Accounts with broke accounts with broke attitution or issuer in the accountance and other negotional checks, cashide you cannot transful them name:  Keogh, 401(k), 40 accounts the accounts are the accounts and the accounts and the accounts are the accounts and the accounts are the accounts are the accounts and the accounts are the	erage firms, money market accordance:  rated and unincorporated businessers' checks, promissory notes, after to someone by signing or described by the signi	sinesses, including an interest in % of ownership: truments and money orders. elivering them. or other pension or profit-sharing p	\$15.
Example No Yes.  9. Non-prijoint No Yes.  20. Gover Negoti Non-r. No Yes.  21. Retire Example No Yes.  22. Secur Your Example No	ublicly traded structure  Give specific informent and corporate instruments in a gotiable instruments. Give specific informent or pension in ples: Interests in a List each accountity deposits and share of all unuse	17.2. Soor publicly trinvestment and Instruction about Name of	avings Accountance and avings Accounts with broke accounts with broke attitution or issuer in the accountance and other negotional checks, cashide you cannot transful them name:  Keogh, 401(k), 40 accounts the accounts are the accounts and the accounts and the accounts are the accounts and the accounts are the accounts are the accounts and the accounts are the	erage firms, money market accordance:  rated and unincorporated businessers' checks, promissory notes, after to someone by signing or described by the signi	% of ownership:  truments and money orders. elivering them.  or other pension or profit-sharing periods and a company period telecommunications companies	\$15.

page 3

Schedule A/B: Property

Official Form 106A/B

Debtor 1	Quail, Allen M Jr.		Case r	number(if known)	
_	ties (A contract for a periodic pay	ment of money to you, either for life or f	or a number of years)		
■ No	lssuer name and	description.			
24. Interes 26 U.S		count in a qualified ABLE program,	or under a qualified st	tate tuition program.	
□ No	Institution name a	and description. Separately file the reco	rds of any interests.11 U	.S.C. § 521(c):	
165	***************************************	se 529 - PO Box 55578, Boston			\$16.67
	SSGA UProm	ise 529, PO Box 55578, Boston	, MA 02205-5578		\$6.35
■ No □ Yes  26. Paten	s. Give specific information about	them  le secrets, and other intellectual properties, proceeds from royalties and licer	pperty	or powers exercisab	le for your benefit
■ No	s. Give specific information about	them			
27. Licens Exam	ses, franchises, and other gene	eral intangibles icenses, cooperative association holdin	igs, liquor licenses, profe	assional licenses	
Money o	r property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No		hem, including whether you already file	ed the returns and the tax	years	
		Estimated 2018 Income Tax	c Refund	Federal	\$5,000.00
		Estimated 2018 Income Tax	k Refund	State	\$1,500.00
Exar No Yes	s. Give specific information	ony, spousal support, child support, n surance payments, disability benefits, s someone else			
■ No					
		urance; health savings account (HSA);	credit, homeowner's, or	renter's insurance	
	s. Name the insurance company of	f each policy and list its value. by name:	Beneficiary:		Surrender or refund value:

Official Form 106A/B

Schedule A/B: Property

Deb	tor 1	Quail, Allen M Jr.		Case number (if known)	
	lf you died.	nterest in property that is due you from someone who has a are the beneficiary of a living trust, expect proceeds from a life in	died nsurance policy, or are cu	irrently entitled to receive pr	operty because someone has
	No Yes	. Give specific information			
_	Claim Exan	s against third parties, whether or not you have filed a laws aples: Accidents, employment disputes, insurance claims, or rig	suit or made a demand ghts to sue	for payment	
_	_	. Describe each claim			
	No	contingent and unliquidated claims of every nature, include	ding counterclaims of th	ne debtor and rights to se	et off claims
		s. Describe each claim			
_	Anyt ■ No	inancial assets you did not already list			
	☐ Yes	s. Give specific information			
36.		I the dollar value of all of your entries from Part 4, including t 4. Write that number here		you have attached for	\$7,835.46
Par	t 5: [	Describe Any Business-Related Property You Own or Have an Inter	rest In. List any real estate	in Part 1.	
37.	Do you	u own or have any legal or equitable interest in any business-relate	ed property?		
	No.	Go to Part 6.			
	] Yes.	Go to line 38.			
Par		Describe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	Own or Have an Interest	in.	
46.	Do y	ou own or have any legal or equitable interest in any farm-	or commercial fishing-	related property?	
	N	o. Go to Part 7.			
	ΠY	es. Go to line 47.			
Par	t 7:	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
53.		ou have other property of any kind you did not already list' mples: Season tickets, country club membership	?		
	■ No				
		s. Give specific information			
54.	. Ad	d the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Pai	rt 8:	List the Totals of Each Part of this Form			
55	Pa	rt 1: Total real estate, line 2			\$166,200.00
56	. Pa	rt 2: Total vehicles, line 5	\$0.00		
57	. Pa	rt 3: Total personal and household items, line 15	\$5,107.00		
58	. Pa	rt 4: Total financial assets, line 36	\$7,835.46		
59	. Pa	rt 5: Total business-related property, line 45	\$0.00		
60	. Pa	rt 6: Total farm- and fishing-related property, line 52	\$0.00		
61	. Pa	rt 7: Total other property not listed, line 54	+ \$0.00		
62	. То	tal personal property. Add lines 56 through 61	\$12,942.46	Copy personal property to	stal <b>\$12,942.46</b>
63	. То	tal of all property on Schedule A/B. Add line 55 + line 62			\$179,142.46

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Official Form 106A/B

page 5

Schedule A/B: Property

	Fill in this	information to identify you	ır case:				
Deb	otor 1	Allen M Quail, Jr.					
Dob	otor O	First Name	Middle Name	Las	st Name		
	otor 2 use if, filing)	First Name	Middle Name	Las	st Name	1	
Unit	ted States Ban	kruptcy Court for the: EA	STERN DISTRICT OF MIC	CHIGA	N, DETROIT DIVISION		
Cas	se number						
(if kn	nown)						Check if this is an amended filing
Of	ficial For	m 106C					
Sc	chedule	C: The Prope	erty You Cla	im	as Exempt		4/16
prop	erty you listed o	on Schedule A/B: Property (O	official Form 106A/B) as you	ır sour	both are equally responsible for surce, list the property that you claim a y. On the top of any additional pages	s exempt. If	more space is needed, fill
app func to a	cific dollar am licable statuto ds-may be ur	ount as exempt. Alternative ry limit. Some exemptions- ilimited in dollar amount. H lar amount and the value o	ely, you may claim the fu —such as those for healt lowever, if you claim an e	II fair i h aids exemp	nt of the exemption you claim. O market value of the property beir , rights to receive certain benefit tion of 100% of fair market value exceed that amount, your exem	ng exempted s, and tax-e under a law	d up to the amount of any exempt retirement to that limits the exemption
Pai	rt 1: Identify	the Property You Claim a	s Exempt				
1.	Which set of	exemptions are you claimin	ng? Check one only, even	if your	spouse is filing with you.		
	☐ You are cla	iming state and federal nonba	inkruptcy exemptions. 11 l	U.S.C.	§ 522(b)(3)		
	You are cla	iming federal exemptions. 11	I U.S.C. § 522(b)(2)				
2.	For any prop	erty you list on Schedule A	VB that you claim as exer	mpt, fi	Il in the information below.		
		on of the property and line on that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific la	ws that allow exemption
	Concuence 762	and note and property	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	THE PERSON NAMED IN	
		Goods and Furnishing	s \$4,000.00		\$4,000.00	11 USC	§ 522(d)(3)
	Line Irom Sch	edule AVB. G. I			100% of fair market value, up to any applicable statutory limit		
	Drum Set		\$357.00		\$357.00	11 USC	§ 522(d)(5)
	Line from Sch	edule A/B. <b>6.2</b>			100% of fair market value, up to any applicable statutory limit		
	Cell Phone	edule A/B. <b>7.1</b>	\$250.00		\$250.00	11 USC	§ 522(d)(5)
	Line from Scr	edule AVD. 1.1			100% of fair market value, up to any applicable statutory limit		

Official Form 106C

Clothing

Line from Schedule A/B: 11.1

Line from Schedule A/B: 17.1

**Bank of America** 

Schedule C: The Property You Claim as Exempt

\$500.00

\$1,297.24

page 1 of 2

11 USC § 522(d)(5)

11 USC § 522(d)(5)

\$500.00

\$1,297.24

100% of fair market value, up to any applicable statutory limit

☐ 100% of fair market value, up to any applicable statutory limit

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	escription of the property and line on lle A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption		
		Copy the value from Schedule A/B	Check only one box for each exemption.			
	of America	\$15.20		\$15.20	11 USC § 522(d)(5)	
Line ii	Sili Saledale AVB. 11.2			100% of fair market value, up to any applicable statutory limit		
	A UPromise 529 - PO Box 55578, on. MA 02205-5578	\$16.67		\$16.67	11 USC § 522(d)(5)	
	om Schedule A/B: 24.1			100% of fair market value, up to any applicable statutory limit		
	UPromise 529, PO Box 55578,	\$6.35		\$6.35	11 USC § 522(d)(5)	
Boston, MA 02205-5578 Line from Schedule A/B: 24.2			100% of fair market value, up to any applicable statutory limit			
Estimated 2018 Income Tax Refund Line from Schedule A/B: 28.1		\$5,000.00		\$5,000.00	11 USC § 522(d)(5)	
				100% of fair market value, up to any applicable statutory limit		
	nated 2018 Income Tax Refund	\$1,500.00		\$877.80	11 USC § 522(d)(5)	
Line in	om Scredule A/B. <b>20.2</b>			100% of fair market value, up to any applicable statutory limit		
	nated 2018 Income Tax Refund	\$1,500.00		\$622.20	11 USC § 522(d)(5)	
Line from Schedule A/B. 20.2				100% of fair market value, up to any applicable statutory limit		

Fill in this	information to ident	ify your case:				
Debtor 1	Allen M Quail, J	r.				
	First Name	Middle Name	Last Name			
Debtor 2 Spouse if, filing)	First Name	Middle Name	Last Name			
Inited States Ban	kruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN, DETRO	DIT DIVISION		
ase number						
f known)					_	if this is an ed filing
Official Form	106D					
		Who Have Clain	ns Secured	by Propert	у	12/15
		f two married people are filing to , number the entries, and attach				
	have claims secured by	your property?				
☐ No. Check	this box and submit th	is form to the court with your ot	ner schedules. You h	nave nothing else to re	port on this form.	
Yes. Fill in	all of the information be	elow.				
Part 1: List All	Secured Claims					
. List all secured o	claims. If a creditor has n	nore than one secured claim, list th	e creditor separately	Column A	Column B	Column C
		a particular claim, list the other cre cal order according to the creditor		Amount of claim  Do not deduct the  value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
	Home Mortgage	Describe the property that sec	ures the claim:	\$181,766.56	\$166,200.00	\$15,566.50
Creditor's Name		800 Lockwood Rd, Roy	al Oak, MI			
		48067-1610	2			
Attn: Bank	kruptcy	Lot 40, Oakmoor Sub. a				
PO Box 52	229	Liber 30 Page 32. #25-1 As of the date you file, the claim				
Cincinnati	i, OH	apply.	in is. Check all that			
45201-522	29	☐ Contingent				
Number, Street,	City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the de	bt? Check one.	Nature of lien. Check all that a	pply.			
Debtor 1 only		An agreement you made (su	ch as mortgage or secu	ured		
Debtor 2 only		car loan)				
Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lie	en, mechanic's lien)			
	ne debtors and another	☐ Judgment lien from a lawsuit				
Check if this cla community de		Other (including a right to off	set) Mortgage			
Date debt was incu	urred 2005-10	Last 4 digits of accoun	t number 3833			
Add the dollar valu	ue of your entries in Co	lumn A on this page. Write that I	number here:	\$181,76	6.56	
		ne dollar value totals from all page				
Write that number	here:			\$181,76	0.56	
Part 2: List Ott	ners to Be Notified fo	or a Debt That You Already Li	sted			
Use this page only trying to collect fro than one creditor	if you have others to b	pe notified about your bankrupto owe to someone else, list the cre t you listed in Part 1, list the add	y for a debt that you a	en list the collection a	gency here. Similarly, if y	ou have more
	ber, Street, City, State & Home Mortgage	Zip Code	On which	ch line in Part 1 did you	enter the creditor? 2.1	
	derica St		Last 4 d	digits of account number	3833	
		11				

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

or 2 se if, filing) First Name Mi	ddie Name Last Nam  ddie Name Last Nam  ERN DISTRICT OF MICHIGAN, DI			1	
se if, filing)  First Name  Mi  and States Bankruptcy Court for the:  EASTE  a number		9		1	
ed States Bankruptcy Court for the: EASTE	RN DISTRICT OF MICHIGAN, DI				
e number	ERN DISTRICT OF MICHIGAN, DI	TROIT DE	MOION		
		TROIT DI	VISION		
wii)				□ Cho	eck if this is an
				_	ended filing
cial Form 106E/F					
nedule E/F: Creditors Who Ha	ave Unsecured Claim	S			12/15
complete and accurate as possible. Use Part 1 for executory contracts or unexpired leases that could fule 6: Executory Contracts and Unexpired Lease editors Who Have Claims Secured by Property. If ontinuation Page to this page. If you have no info number (if known).	d result in a claim. Also list executo es (Official Form 106G). Do not inclu more space is needed, copy the Par	y contracts de any cred t you need,	on Schedule A/B: itors with partially fill it out, number t	Property (Official F secured claims that he entries in the bo	orm 106A/B) and o t are listed in Sche exes on the left. Att
List All of Your PRIORITY Unsecured	Claims				
Do any creditors have priority unsecured claims					
☐ No. Go to Part 2.					
Yes.					
(For an explanation of each type of claim, see the ins	structions for this form in the instruction	booklet.)	Total claim	Priority amount	Nonpriority amount
Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number	4643	\$2,808.7	\$2,808.	.75 \$
	When was the debt incurred?	1/1/201	5 -12/31/2015	_	
PO Box 7346 Philadelphia, PA 19101-7346		to Observe	III Ab at a marks		
Number Street City State ZIp Code  Who incurred the debt? Check one.	As of the date you file, the clain  Contingent	is: Check a	ш тпат арріу		
■ Debtor 1 only	☐ Unliquidated				
□ Debtor 2 only	☐ Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cl	aim:			
At least one of the debtors and another	☐ Domestic support obligations				
	■ Taxes and certain other debts	you owe the	government		
☐ Check if this claim is for a community debt	- raxes and octrain other debts	iury while vo	ou were intoxicated		
☐ Check if this claim is for a community debt Is the claim subject to offset?	Claims for death or personal in	july willio je			
Is the claim subject to offset? ■ No	☐ Claims for death or personal in☐ Other. Specify				
Is the claim subject to offset?	Claims for death or personal in		wing		_
Is the claim subject to offset? ■ No	☐ Claims for death or personal in☐ Other. Specify 2015 1046		Owing		
Is the claim subject to offset?  ■ No □ Yes	☐ Claims for death or personal in ☐ Other. Specify 2015 1040		owing		
Is the claim subject to offset?  No Yes  1 2: List All of Your NONPRIORITY Unsec	Claims for death or personal in  Other. Specify  2015 1046  cured Claims ims against you?	Taxes C	Owing		
Is the claim subject to offset?  No Yes  12: List All of Your NONPRIORITY Unsecured claims.	Claims for death or personal in  Other. Specify  2015 1046  cured Claims ims against you?	Taxes C	owing		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 5

Debto	1 Quail, Allen M Jr.	Case number (fknow)					
4.1	Amex	Last 4 digits of account number	0143	\$15,011.00			
	Nonpriority Creditor's Name Correspondence/Bankruptcy PO Box 981540 El Paso, TX 79998-1540	When was the debt incurred? 2016-06					
Number Street City State Zip Code  Who incurred the debt? Check one.		As of the date you file, the claim i	is: Check all that apply				
	_	_					
	Debtor 1 only	Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	Student loans					
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	Other. Specify Revolving					
4.2	Amex	Last 4 digits of account number	3763	\$7,637.00			
	Nonpriority Creditor's Name Correspondence/Bankruptcy PO Box 981540	When was the debt incurred?	2004-12				
	El Paso, TX 79998-1540						
	Number Street City State ZIp Code	Number Street City State ZIp Code  As of the date you file, the claim Who incurred the debt? Check one.					
	Debtor 1 only	По «боле»					
	Debtor 2 only	☐ Contingent					
	Debtor 2 only  Debtor 1 and Debtor 2 only	Unliquidated					
	At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	Is the claim subject to offset?						
	■ No	Debts to pension or profit-sharing	n or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Revolving	account				
4.3	Bank of America	Last 4 digits of account number	9633	\$26,228.00			
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	2007-08-01				
	PO Box 982238 El Paso, TX 79998-2238						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:				
	☐ Check if this claim is for a community	Student loans					
	debt	Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts					
	■ No □ Yes	, ,					
	□ Tes	Other. Specify Revolving	account				

Debtor	1 Quail, Allen M Jr.		Case number (f know)				
4.4	Beaumont Health Nonpriority Creditor's Name	Last 4 digits of account number	2462	\$2,121.54			
		When was the debt incurred?	8/20/17				
	PO Box 554878 Detroit, MI 48255-4878						
	Number Street City State ZIp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.		,				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	□Yes	Other. Specify Medical Expense					
4.5	Citibank North America	Last 4 digits of account number	6293	\$7,709.00			
	Nonpriority Creditor's Name Citibank Corp/Centralized	When was the debt incurred?	2015-12				
	Bankruptcy	Then was are described.	2013-12				
	PO Box 790034						
	Saint Louis, MO 63179-0034  Number Street City State Zlp Code	As of the date you file, the claim	ie: Check all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim	is. Officer all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	□ Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Revolving					
4.6	Citicards Cbna	Last 4 digits of account number	6497	\$27,743.00			
	Nonpriority Creditor's Name	When was the debt incurred?	2006-12				
	PO Box 6241	Tillen was alle dest incarred.	2000-12	•			
	Sioux Falls, SD 57117-6241	_					
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:					
	At least one of the debtors and another	Student loans	cu cianii.				
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not				
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts				
	☐ Yes	Other. Specify Revolving	account				
				-			

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 5

Debtor 1 Quail, Allen M Jr.			Case number (f know)			
4.7	Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	8076	\$3,983.00		
	remphony organor or remo	When was the debt incurred?	2007-06			
	PO Box 3025					
	New Albany, OH 43054-3025  Number Street City State Zlp Code	As of the date you file, the claim	ie: Check all that apply			
	Who incurred the debt? Check one.	As of the date you life, the Claim	в. Спеск ан так арру			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	_	_				
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:			
	At least one of the debtors and another	Student loans	a ciain.			
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	fraction agreement of divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	Other. Specify Revolving	account			
		_ Office. Opecary				
4.8	Michelle S. Leader	Last 4 digits of account number		\$13,500.00		
	Nonpriority Creditor's Name	When was the debt incurred?	1/10/18			
	7376 Deep Run		1710/10			
	Bloomfield Hills, MI 48301-3805					
	Number Street City State ZIp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	_	Пол				
	Debtor 1 only	□ Contingent				
	Debtor 2 only	☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts				
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and another					
	☐ Check if this claim is for a community debt					
	Is the claim subject to offset?					
	■ No					
	☐Yes	Other. Specify Unsecured	d Loan			
4.9	US Bank/Rms Cc	Last 4 digits of account number	3339	\$7,373.00		
	Nonpriority Creditor's Name	-		71,010,00		
	Attn: Bankruptcy	When was the debt incurred?	2008-06			
	PO Box 5229 Cincinnati, OH 45201-5229					
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts				
	Is the claim subject to offset?					
	No		• •			
	Yes	Other. Specify Revolving	account			

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 5

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Quail, Allen M Jr.		Case number (f know)		
Name and Address American Express PO Box 297871 Fort Lauderdale, FL 33329-7871	On which entry in Part 1 or Part 2 di Line 4.1 of (Check one):	d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number	0143		
Name and Address American Express PO Box 297871 Fort Lauderdale, FL 33329-7871	On which entry in Part 1 or Part 2 di Line 4.2 of (Check one):	d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims		
1011 Education 1 E 00020 707 1	Last 4 digits of account number	3763		
Name and Address Bank of America PO Box 982238 El Paso, TX 79998-2238	On which entry in Part 1 or Part 2 d Line <u>4.3</u> of ( <i>Check one</i> ):	id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number	9633		
Name and Address  Bestbuy/cbna 50 NW Point Blvd Elk Grove Village, IL 60007-1032	On which entry in Part 1 or Part 2 d Line 4.5 of (Check one):  Last 4 digits of account number	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number	6293		
Name and Address Discover Fin Svcs LLC PO Box 15316 Wilmington, DE 19850-5316	On which entry in Part 1 or Part 2 d Line 4.7 of (Check one):  Last 4 digits of account number	id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  8076		
Name and Address US Bank 4325 17th Ave S Fargo, ND 58125-6200	On which entry in Part 1 or Part 2 d Line 4.9 of (Check one):	iid you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number	3339		

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
otal claims	01-	T	O.b.	
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 2,808.75
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 2,808.75
	6f.	Student loans	6f.	\$ Total Claim 0.00
otal claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	<b>6</b> i.	\$ 111,305.54
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 111,305.54

Fill in th	nis information to identif	y your case:		
Debtor 1	Allen M Quail, Jr	•		
	First Name	Middle Name	Last Name	. )
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	. )
United States Bankruptcy Court for the:		EASTERN DISTRICT C	OF MICHIGAN, DETROIT DIVISION	-
Case number (if known)		<del></del>		☐ Check if this is amended filing

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

if this is an

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

F	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Ally Financial Attn: Bankruptcy Dept PO Box 380901 Bloomington, MN 55438-0901	2017 Jeep Lease Vehicle account opened 1/1/2017 Credit Limit: \$15,164.00, Remaining Balance: \$5,961.00

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Fi	II in this information to identi	fy your case:		
Debtor 1	Allen M Quail, Jr			
Dabtas	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN, DETROIT	DIVISION
Case num	nber			
(if known)				Check if this is an amended filing
	I Form 106H			
Sched	dule H: Your Cod	ebtors		12/15
No Ye  2. Wir Califor  No Ye  3. In Coline 2	ithin the last 8 years, have your conia, Idaho, Louisiana, Nevada b. Go to line 3. es. Did your spouse, former spoudumn 1, list all of your codeb 2 again as a codebtor only if the contract of the second se	u lived in a community pro I, New Mexico, Puerto Rico, use, or legal equivalent live wi tors. Do not include your s hat person is a guarantor	perty state or territory' Texas, Washington, and th you at the time?  pouse as a codebtor if or cosigner. Make sure	? (Community property states and territories include Arizona,
	mn 2.	1 106E/F), or Schedule G (C	mciai Form 106G). Usi	s schedule D, Schedule E/F, Of Schedule G to fill out
	Column 1: Your codebtor Name, Number, Street, City, State and	ZIP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
				_
3.1	Name			Schedule D, line Schedule E/F. line
				☐ Schedule G, line
	Number Street			-
	City	State	ZIP Code	
3.2				☐ Schedule D, line
0.2	Name			☐ Schedule E/F, line
				☐ Schedule G, line
	Number Street	State	ZIP Code	_
	City	State	ZIP Code	•

Fill i	n this information to identify y	our case:						
Deb	tor 1 Allen M	l Quail, Jr.						
	tor 2							
Unit	ed States Bankruptcy Court for	or the: EASTERN DISTRICT DIVISION	OF MICHIGAN, DETRO	OIT				
Cas	e number				Check if this is:			
(If kn	own)				An amended	•		
					A supplement income as of			pter 13
<u>O</u> 1	fficial Form 106I				MM / DD/ YY	YY		
_	chedule I: Your							12/15
supp	plying correct information. It use. If you are separated and the a separate sheet to this formation.	possible. If two married people f you are married and not filing d your spouse is not filing with orm. On the top of any addition ment	g jointly, and your spo h you, do not include it	use is livin nformation	g with you, include about your spous	information e. If more sp	about your	∌d,
1.	Fill in your employment information.		Debtor 1		Debtor 2	or non-filing	spouse	
	If you have more than one joint	b, Employment status	■ Employed		☐ Employ	☐ Employed		
	attach a separate page with information about additional		☐ Not employed		☐ Not en	ployed		
	employers.	Occupation	Program Manage	r				
	Include part-time, seasonal, self-employed work.	, or Employer's name	Fiat Chrysler Aut	omobiles				
	Occupation may include stu homemaker, if it applies.	udent or Employer's address	17101 Michigan A Dearborn, MI 481					
		How long employed th	nere? 2 years					_
Pai	rt 2: Give Details Abou	ut Monthly Income						
	imate monthly income as of ss you are separated.	the date you file this form. If y	ou have nothing to report	for any line	e, write \$0 in the spa	ce. Include yo	our non-filing	spouse
	ou or your non-filing spouse ha	we more than one employer, combiting form.	bine the information for a	li employer:	s for that person on t	he lines below	v. If you need	more
					For Debtor 1	For Debto non-filing		
2.		s, salary, and commissions (be nthly, calculate what the monthly		2. \$	9,366.72	\$	N/A	
3.	Estimate and list monthly	overtime pay.		3. +\$	0.00	+\$	N/A	
4.	Calculate gross income.	Add line 2 + line 3.		4. \$	9,366.72	\$	N/A	

Official Form 106I

Schedule I: Your Income

ebto	-	Quail, Allen M Jr.	-	U	ase n	number (if known)		
				-	Fori	Debtor 1	10000	Debtor 2 or n-filing spouse
	Сору	y line 4 here	4.	-	\$	9,366.72	\$	N/A
j.	List a	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	1,774.12	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.		\$ 	0.00	\$_	N/A
	5c.	Voluntary contributions for retirement plans	5c.		<u>s</u> –	0.00	\$-	N/A
	5d.	Required repayments of retirement fund loans	5d		<u> </u>	0.00	\$	N/A
	5e.	Insurance	5e.		<u> </u>	1,192.43	\$-	N/A
	5f.	Domestic support obligations	5f.		\$ 		\$-	
		Union dues			ф —	1,934.16	ψ <sub>-</sub>	N/A N/A
	5g. 5h.		5g 5h		<u>s</u> —	0.00	- \$-	
		Other deductions. Specify:	_		_		Φ_	N/A
	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	\$	4,900.71	\$_	N/A
	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	\$	4,466.01	\$_	N/A
3.	Ba.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	ı.	\$	0.00	\$	N/A
	8b.	Interest and dividends	8b		\$-	0.00	\$	N/A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			*-	0.00	*-	NA
		settlement, and property settlement.	80		\$	0.00	\$	N/A
	8d.	Unemployment compensation	8d		\$-	0.00	\$	N/A
	8e.	Social Security	8e		\$-	0.00	\$	N/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$	0.00	\$	N/A
	8g.	Pension or retirement income	89	1.	\$	0.00	\$	N/A
	8h.	Other monthly income. Specify:	8h	1.+	\$		+ \$	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	<u> </u>	0.00	\$_	N/A
0	0-1-	and the many think in a company of the first of the company of the	10.			4.466.01 + \$		N/A = \$ 4.466.0
0.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		4,466.01 + \$		N/A = \$ 4,466.0
1.	State Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your dear friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not available.	epend					edule J. 11. +\$ 0.0
12.		I the amount in the last column of line 10 to the amount in line 11. The res						
	Writ	te that amount on the Summary of Schedules and Statistical Summary of Certain	Liabi	lities	and	Related Data, if i	t app	
								Combined

П

No.

Yes. Explain:

monthly income

13. Do you expect an increase or decrease within the year after you file this form?

Fill in	this informat	tion to identify you	ir case:			ı		
Debto						Choc	k if this is:	
Debto	or 1	Allen M Quail	l, Jr.				An amended filing	
Debto	or 2							ng postpetition chapter 13
(Spor	use, if filing)						expenses as of the fo	ollowing date:
Unite	d States Bankr	ruptcy Court for the:	EASTER	RN DISTRICT OF MICHIGA N	N, DETROIT		MM / DD / YYYY	
	number							
(If kn	own)							
Of	ficial Fo	rm 106J						
Sc	hedule	J: Your E	xpen	ses				12/15
Be a	s complete	and accurate as p	ossible. I	f two married people are	filing together, both	th are equall	y responsible for s	upplying correct
		iore space is nee ver every questio		n another sheet to this to	rm. On the top or	any addition	ai pages, write you	r name and case number
Port	Dogg	ribe Your Househ	oold					
Pad 1.	Is this a join		1010		***			
	■ No. Go to	o line 2.						
		es Debtor 2 live in	a separa	te household?				
		No						
		es. Debtor 2 mus	t file Officia	al Form 106J-2, Expenses f	or Separate House	hold of Debtor	r 2.	
2.	Do you hav	ve dependents?	□ No					
	•	Debtor 1 and		Fill out this information for	Dependent's rela	tionshin to	Dependent's	Does dependent
	Debtor 2.	Debior Fand	Yes.	each dependent	Debtor 1 or Debte		age	live with you?
	Do not state	the						□ No
	Do not state dependents				Daughter		14	■ Yes
								□ No
					Daughter		16	Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
3.		penses include		No				
		of people other th nd your depender		Yes				
	t 2: Estir	nate Your Ongoir	ng Monthi	y Expenses iptcy filing date unless yo	ann maine this f		nlament in a Chan	for 12 ages to report
ext	amate your e senses as of	a date after the b	ankruptcy	iptcy filing date unless yo is filed. If this is a suppl	emental <i>Schedule</i>	J, check the	box at the top of the	he form and fill in the
	olicable date.			,		,		
Inc	ludo ovnone	oe naid for with n	on cach	government assistance if	you know the	100		
val	ue of such a	ssistance and ha	ve include	ed it on Schedule I: Your	ncome		7000	To Party
(Of	ficial Form 1	061.)				100	Yourexp	enses
4.		or home owners and any rent for the		ses for your residence. In	clude first mortgag	e 4.	\$	1,676.71
	payments a	and any rent for the	ground or	iot.				
	If not inclu	ided in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
	4b. Prop	erty, homeowner's	, or renter's	s insurance		4b.	\$	0.00
		ne maintenance, re				4c.		350.00
		eowner's associat				4d.		0.00
5.	Additional	mortgage payme	ents for yo	our residence, such as hor	ne equity loans	5.	\$	0.00

Official Form 106J

Schedule J: Your Expenses

Quail, Allen M Jr.	Case numb	per (if known)	
liting			
	6a	\$	210.00
			90.00
			330.00
			0.00
			650.00
			0.00
•	9.	\$	50.00
rsonal care products and services	10.	\$	100.00
dical and dental expenses	11.	\$	275.00
•	40		450.00
		·	100.00
aritable contributions and religious donations	14.	\$	0.00
			0.00
			0.00
c. Vehicle insurance	15c.	\$	453.49
d. Other insurance. Specify:	15d.	\$	0.00
xes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
ecify:	16.	\$	0.00
a. Car payments for Vehicle 1	17a.	\$	421.24
b. Car payments for Vehicle 2	17b.	\$	0.00
c. Other. Specify:	17c.	\$	0.00
	17d.	\$	0.00
ur payments of alimony, maintenance, and support that you did not report as			
	18.	\$	0.00
		\$	0.00
ecify:	19.		
her real property expenses not included in lines 4 or 5 of this form or on Sche	dule I: You	r Income.	
a. Mortgages on other property	20a.	\$	0.00
b. Real estate taxes	20b.	\$	0.00
c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
			0.00
			0.00
			500.00
1040 2015 Delinquent Taxes		T-3	500.00
lculate your monthly expenses			
a. Add lines 4 through 21.		\$	5,656.44
b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
c. Add line 22a and 22h. The result is your monthly expenses		g	5,656.44
c. Add line 228 and 226. The result is your monthly expenses.		"	5,000.44
Ilculate your monthly net income.			
a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,466.01
<ul> <li>Copy your monthly expenses from line 22c above.</li> </ul>	23b.	-\$	5.656.44
b. Copy your monthly expenses from line 22c above.	23b.	-\$	5,656.44
<ul> <li>b. Copy your monthly expenses from line 22c above.</li> <li>c. Subtract your monthly expenses from your monthly income.</li> </ul>	23b.	-\$	-1,190.43
	Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: od and housekeeping supplies iildcare and children's education costs othing, laundry, and dry cleaning rsonal care products and services dical and dental expenses ansportation. Include gas, maintenance, bus or train fare. In ot include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books saritable contributions and religious donations surance. In ot include insurance deducted from your pay or included in lines 4 or 20.  It fe insurance In other insurance Other insurance, Specify: Interest Do not include taxes deducted from your pay or included in lines 4 or 20. Interest Do not include taxes deducted from your pay or included in lines 4 or 20. Interest Do not include taxes deducted from your pay or included in lines 4 or 20. Interest Do not include taxes deducted from your pay or included in lines 4 or 20. Interest Do not include taxes deducted from your pay or included in lines 4 or 20. Interest Do not include taxes deducted from your pay or included in lines 4 or 20. Interest Do not include taxes deducted from your pay or included in lines 4 or 20. Interest Do not include taxes deducted from your pay or included in lines 4 or 20. Interest Do not include taxes deducted from your pay or included in lines 4 or 20. Interest Do not include taxes and support that you did not report as adducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Interest Do not included in lines 4 or 5 of this form or on Schela. Interest Do not included in lines 4 or 5 of this form or on Schela. Interest Do not included in lines 4 or 5 of this form or on Schela. Interest Do not included in lines 4 or 5 of this form or on Schela. Interest Do not included in lines 4 or 5 of this form or on Schela. Interest Do not included in lines 4 or 5 of this form or on Schela. Interest Do not include and interest Do not included in lines 4 or 5 of this form or on Schela. Interest Do not inclu	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: od and housekeeping supplies Tothing, laundry, and dry cleaning resonal care products and services dicial and dental expenses ansportation. Include gas, maintenance, bus or train fare. Into include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books activation of include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance Into the latin insurance Life insurance Death of the latin insurance De	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Octher, Specify: Od and housekeeping supplies Idicare and children's education costs Sthing, laundry, and dry cleaning Storbing, laundry, laundry, laundry, storbing, laundry, storbing, laundry, storbing, laundry, storbing, laundry, laundry, storbing, laundry, laundry, storbing, laundry, la

Fill in this info	ormation to identify yo	ur case:			
Debtor 1	Allen M Quail, Jr.				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN, DETROIT I	DIVISION	
Case number					☐ Check if this is an
( and any					amended filing
Official Farms	400D				
Official Form					
Declarati	on About a	n Individual	Debtor's So	chedules	12/15
If two married peo	ple are filing together,	both are equally respon	sible for supplying corre	ect information.	
•					ant conscaling property or
obtaining money		connection with a bank			ent, concealing property, or or imprisonment for up to 20
Sign	Below				
Did you pay	or agree to pay some	one who is NOT an attorn	ney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes. Na	ame of person				ruptcy Petition Preparer's Notice,
Under penalt	y of perjuly) seclare	hat I have read the sum	mary and schedules filed		and Signature (Official Form 119)  and
that they are	true and correct				
х	VV	1	X		
	Quail, Jk e of Debtor 1		Signature of	Debtor 2	

Date December 11, 2018

Date \_\_\_\_\_

	Fill in this information to identify your case:		
Deb	or 1 Allen M Quail, Jr.		
Dob	First Name Middle Name Last Name		
	Of Z se if, filing) First Name Middle Name Last Name		
Unit	ed States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN, DETROIT DIVISION		
Cas (if kno	e number	, –	eck if this is an ended filing
			sinada iiiing
Ofl	icial Form 106Sum		
	mmary of Your Assets and Liabilities and Certain Statistical Informa	ition	12/15
infor your	s complete and accurate as possible. If two married people are filing together, both are equally respons mation. Fill out all of your schedules first; then complete the information on this form. If you are filing a original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Part	Summarize Your Assets		
		III DATE OF	r assets e of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	166,200.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$ _	12,942.46
	1c. Copy line 63, Total of all property on Schedule A/B	\$	179,142.46
Раг	2 Summarize Your Liabilities		
			r liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule	D \$_	181,766.56
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F	\$_	2,808.75
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j @chedule E/F	\$_	111,305.54
	Your total li	iabilities \$	295,880.85
Par	Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I)		***
	Copy your combined monthly income from line 12 o\\$chedule I	\$ _	4,466.01
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$_	5,556.44
Par	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with	ith your other sch	edules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primare purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.	rily for a personal,	family, or household
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Che court with your other schedules.	eck this box and s	ubmit this form to the
Off	icial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information		page 1 of 2

 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 7,921.55

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,808.75
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	2,808.75

Fill in this in	nformation to identif	y your case:			
Debtor 1	Allen M Quail, Jr				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bank	ruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN, DETROIT DIVIS	ION	
Case number					
(if known)					heck if this is an
				aı	mended filing
065 : 1 =	407				
Official Forr					
Statement of	of Financial A	Affairs for Individ	uals Filing for Ba	ankruptcy	4/10
(if known). Answer	every question.	itach a separate sheet to th		dditional pages, write your r	name and case number
	current marital status				
☐ Married					
Not marri	ed				
2. During the las	st 3 years, nave your	ived anywhere other than w	niere you live now?		
No					
☐ Yes. List	all of the places you liv	ed in the last 3 years. Do not in	nclude where you live now.		
Debtor 1 Price	or Address:	Dates Debtor 1 I	ived Debtor 2 Prior Add	irass:	Dates Debtor 2
					The state of the s
3. Within the las	st 8 years, did you ev	er live with a spouse or legation of the series of the ser	al equivalent in a communit	y property state or territory? o, Texas, Washington and Wi	(Community property sconsin.)
states and termone.	s moidde Anzona, Gan	iornia, idano, Eduloiana, idov	add, New Moxies, Facility Nie	o, rozao, rradinigion and ri	
No					
☐ Yes. Mak	e sure you fill out Sche	edule H: Your Codebtors (Offic	dal Form 106H).		
Part 2 Explain	the Sources of You	Income			
			. I salara da la del del con		la
Fill in the total	amount of income you	iployment or from operating u received from all jobs and a	a business during this yea Il businesses, including part-	or the two previous calend time activities.	iar years?
If you are filing	a joint case and you h	ave income that you receive to	gether, list it only once under	Debtor 1.	
□ No					
Yes. Fill	in the details.				
		Debtor 1		Debtor 2	
		Sources of income	Gross income	Sources of income	Gross income
		Check all that apply	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From January 1 of the date you filed	of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$87,831.00	☐ Wages, commissions, bonuses, tips	
		Operating a business		Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4801 Frederica St

Creditor's Name and Address

**US Bank Home Mortgage** 

Owensboro, KY 42301-7441

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Total amount paid

\$4,675.68

Dates of payment

Payments of

to \$1,676.71

increase 12/1/18

Monthly

\$1,558.86

Amount you

\$181,766.56

still owe

Was this payment for ...

Mortgage

☐ Credit Card

□ Other

☐ Loan Repayment

☐ Suppliers or vendors

☐ Car

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	Quail, Allen M Jr.	Case number(	-	
a	counts or refuse to make a payment be	cause you owed a debt?		
	No			
	Yes. Fill in the details.			
(	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
	/ithin 1 year before you filed for bankru ourt-appointed receiver, a custodian, or	otcy, was any of your property in the possession of an as another official?	ssignee for the benefit	of creditors, a
	No			
	Yes			
Part 8	List Certain Gifts and Contribution	s		
3. W	Vithin 2 years before you filed for bankro ■ No	uptcy, did you give any gifts with a total value of more th	an \$600 per person?	
	Yes. Fill in the details for each gift.			
	Gifts with a total value of more than \$60 person	0 per Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
[	No Yes. Fill in the details for each gift or co			
	Gifts or contributions to charities that 1 more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod		Dates you contributed	Value
Part	6: List Certain Losses			
	Within 1 year before you filed for bankru or gambling?	ptcy or since you filed for bankruptcy, did you lose anyt	hing because of theft, f	fire, other disaster,
1	No Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Part	7: List Certain Payments or Transfer	8	***************************************	
	consulted about seeking bankruptcy or	uptcy, did you or anyone else acting on your behalf pay of preparing a bankruptcy petition? reparers, or credit counseling agencies for services required in		to anyone you
-	□ No ■ Yes. Fill in the details.			
	Person Who Was Paid	Description and value of any property	Date payment or	Amount of
	Address	transferred	transfer was	payment
	Email or website address Person Who Made the Payment, if Not	You		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

promised to help you deal with your creditors or to make payments to your creditors?    No	Do not include any payment or transfer that you issted on line 16.  No Yes. Fill in the details.  Person Who Was Paid Address  Within 2 years before you filed for bankruptcy, did you sall, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not inclights and transfers that you have already listed on this statement.  No Yes. Fill in the details.  Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Descriptio	Debtor 1	Quail, Allen M Jr.		Ca	ise number (i	if known)	
Yes. Fill in the details.	Yes. Fill in the details.   Person Who Was Paid Address   Description and value of any property   Date payment or transfer was made   Description and value of transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as assourity (such as the granting of a security interest or mortgage on your property). Do not incligifts and transfers that you have already listed on this statement.   No	pron	nised to help you deal with your credito	ers or to make payments t		ehalf pay or	transfer any proper	ty to anyone who
Person Who Was Paid Address  8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include the property of payments received or debts paid in exchange  Person Who Received Transfer  Address  Person's relationship to you  9. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiarly? (These are often called asset-protection devices.)  No  1 Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date Transfer made  Date Tran	Person Who Was Paid Address    Description and value of any property   Date payment or transfer was made							
Address  ### State   S	Address transferred transfer was made pay made transferred to the property transferred in the ordinary course of your business or financial affairs? Include both outlight transfers and transfers and transfers made as securify cut, as the granting of a security interest or mortgage on your property). Do not inclights and transfers that you have already listed on this statement.  No Press Fill in the details.  Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices)  No Yes. Fill in the details.  Name of trust  Description and value of property transferred payments received or debts paid in exchange  List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, close sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerag houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (kumber, Street, City, State and ZIP Coate)  Address (kumber, Street, City, State and ZIP Coate)  Address (kumber, Street, City, State and ZIP Coate)  No Yes. Fill in the details.  Name of Financial Institution  Address (kumber, Street, City, State and ZIP Coate)  No Yes. Fill in the details.  Name of Siorage Facility  Address (kumber, Street, City, State and ZIP Coate)  Address (kumber, Street, C	ш						/*************************************
transferred in the ordinary course of your business or financial affairs? Include both outlight transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include the following the same and ease security (such as the granting of a security interest or mortgage on your property). Do not include the following the same and ease security (such as the granting of a security interest or mortgage on your property). Do not include the same and ease security (such as the granting of a security interest or mortgage on your property). Do not include the same and ease security (such as the granting of a security interest or mortgage on your property). Do not include the same and ease security (such as the granting of a security interest or mortgage on your property). Do not include the same and ease security (such as the granting of a security interest or mortgage on your property). Do not include chees and the same and ease security (such as the granting of a security interest or mortgage on your property). Do not include chees and the same and ease security (such as the granting of a security interest or mortgage on your property). Do not include chees and the granting of a security interest or mortgage on your property). Do not include chees and the granting of a security interest or mortgage on your property). Do not include chees and property transferred  Describe any property or payments received or debts paid in exchange and ease self-settled trust or similar device of which you are benefits paid in exchange and ease self-settled trust or similar device of which you are benefits and ease self-settled trust or similar device of which you are benefits and ease self-settled trust or similar device of which you are benefits and ease self-settled trust or similar device of which you are benefits and ease self-settled trust or similar device of which you are self-settled trust or similar device of which you are self-settled trust or similar device of which y	transferred in the ordinary course of your business or financial affairs? Include both outlight transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not incligifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details.  Person Who Received Transfer Address Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  No  Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date Transfer made  Date Transfer made  Date Transfer made  Date Transfer made  Of Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, close sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerag houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Sumber, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Who else had access to It?  Address (Sumber, Street, City, State and ZIP Code)  Address (Sumber, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Who else had access to It?  Address (Sumber, Street, City, State and ZIP Code)  Address (Sumber, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Who else has or had access to It?  Address (Sumber, Street, City, State and ZIP Code)  No  Yes. Fill in the details.				alue of any proper	ty	transfer was	Amount o paymen
Person Who Received Transfer Address Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date Transfer made	Person Who Received Transfer Address Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details. Name of trust  Description and value of the property transferred  Date Transfer made  D	trans Inclu gifts	sferred in the ordinary course of your based both outright transfers and transfers may and transfers that you have already listed on No.	ousiness or financial affai ade as security (such as the	rs?			
Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  No  Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date Transfermade  Date Date account name, or for your benefit, closs sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokera houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Who else has or had access  Describe the contents  Do you st have it?  Do you st have it?  No  Yes. Fill in the details.  Name of Financial Institutions  Address (Number, Street, City, State)  Do you st have it?  Do you st have it?	Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date Transfer made  Date Transfer mad	Pop		Description and w	alue of	Doggriba	any property or	Date transfer was
Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date Transfermade  Last 4 digits of account or instrument closed, sold, moved, or transferred  Type of account or instrument closed, sold, moved, or transferred  Date account was closed,	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  No Yes, Fill in the details.  Name of trust  Description and value of the property transferred  Date Transfer made  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, close sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerag houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes, Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and 2IP Code)  No Yes, Fill in the details.  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Who else has or had access  to it?  Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Do you still have it?  Do you still have it?  Do you still have it?  Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Do you still have it?  Do you still have it?	_				payments	received or debts	
No	No	Per	son's relationship to you	AND THE PERSON NAMED IN COLUMN TWO				
List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securitie cash, or other valuables?    No	bene	eficiary? (These are often called asset-pro No		property to a sen	-setueu u u:	st or summer device (	or which you are a
List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  . Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, close sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokera houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP account number instrument account or instrument account or transferred.  Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securitic cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  No Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.	Describe the contents    List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units   Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closers sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.   No	Nar	ne of trust	Description and v	alue of the proper	ty transferre	bed	Date Transfer was
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sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokera houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP account number account number account number account or closed, sold, moved, or transferred  1. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securitic cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  No Yes. Fill in the details.  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  No Yes. Fill in the details.  Who else has or had access  Describe the contents  Do you st have it?  Address (Number, Street, City, State)  Do you st have it?  Address (Number, Street, City, State)	sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerag houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Last 4 digits of account or instrument closed, sold, moved, or transferred  Last balance be closed, sold, moved, or transferred  Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securitie cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code).  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  Ves. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  Do you stil have it?  Address (Number, Street, City, State and ZIP Code)	Part 8:	List of Certain Financial Accounts, In	struments, Safe Deposit	Boxes, and Storag	e Units		
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Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State	☐ Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Do you still have it?		No					
Address (Number, Street, City, State and ZIP Code) to it? Address (Number, Street, City, State	Address (Number, Street, City, State and ZIP Code)  to it?  Address (Number, Street, City, State and ZIP Code)							
Address (Number, Street, City, State	Address (Number, Street, City, State and ZIP Code)				nad access D	escribe the	contents	Do you still have it?
				Address (Number, S	treet, City, State			
	Part 9: Identify Property You Hold or Control for Someone Else	. Leannann ann an Aireann an Aire		Acceptance and the control of the co		The same of the sa		N

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	Quail, Allen M Jr.		Case number (if known)	
son	neone.			
_				
	No Yes. Fill in the details.			
Out	wher's Name	Where is the property?	Describe the property	Value
	idPOSE (Number, Street, City, State and ZIP Code)	(Number, Street, City, State and ZIP Code)		
art 10:	Give Details About Environmental In	formation		
or the	purpose of Part 10, the following definit	tions apply:		
tox		te, or local statute or regulation concerni the air, land, soil, surface water, groundv	• •	
Site		rty as defined under any environmental la	aw, whether you now own, operate, o	or utilize it or used to
l Haz		vironmental law defines as a hazardous	waste, hazardous substance, toxic s	ubstance, hazardou
enort :	all notices releases and proceedings t	hat you know about, regardless of when t	they occurred	
				antal laur
. Has	s any governmental unit notified you th	at you may be liable or potentially liable	under or in violation of an environm	ental law?
	No			
	Yes. Fill in the details.			
	ame. of site didfass (Number, Street, City, State and JIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice
	No Yes. Fill in the details.	Governmental unit	Environmental law, if you	Date of notice
	ame of site cidingss (Number, Street, City, State and ZIP Code		d know it	
A	ddfess (Number, Street, City, Sinte and ZIP Code	ZIP Code)	2	and orders
A	ddfess (Number, Street, City, Sinte and ZIP Code		2	and orders.
A. Ha	ddress (Number, Street, City, State and ZIP Code  ve you been a party in any judicial or a	ZIP Code)	2	and orders.
6. Ha	eldress (Number, Street, City, State and ZIP Code  ove you been a party in any judicial or a  No  Yes. Fill in the details.	dministrative proceeding under any envi	ronmental law? Include settlements	
As Har	ddress (Number, Street, City, State and ZIP Code  ve you been a party in any judicial or a	ZIP Code)	2	and orders.  Status of the case
As Ha	eddress (Number, Street, City, State and ZIP Code  nve you been a party in any judicial or a  No Yes. Fill in the details.  ase Title  ase Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	ronmental law? Include settlements	Status of the
As Ha	eldress (Number, Street, City, State and ZIP Code  IVe you been a party in any judicial or a  No Yes. Fill in the details.  Tase Title  Tase Number  1: Give Details About Your Business of	Court or agency Name Address (Number, Street, City, State and ZIP Code)	ronmental law? Include settlements  Nature of the case	Status of the case
As Ha	Address (Number, Street, City, State and ZIP Code  Ive you been a party in any judicial or a  No Yes. Fill in the details.  Jase Title  Jase Number  Give Details About Your Business of thin 4 years before you filed for bankru	Court or agency Name Address (Number, Street, City, State and ZIP Code)  or Connections to Any Business uptcy, did you own a business or have an	nonmental law? Include settlements  Nature of the case  y of the following connections to an	Status of the case
As Ha	Address (Number, Street, City, State and ZIP Code  Ive you been a party in any judicial or a  No Yes. Fill in the details.  Jase Title  Jase Number  Give Details About Your Business of thin 4 years before you filed for bankru	Court or agency Name Address (Number, Street, City, State and ZIP Code)	nonmental law? Include settlements  Nature of the case  y of the following connections to an	Status of the case
As Ha	No Yes. Fill in the details.  ase Title ase Number  Give Details About Your Business of ithin 4 years before you filed for bankru  A sole proprietor or self-employed.	Court or agency Name Address (Number, Street, City, State and ZIP Code)  or Connections to Any Business uptcy, did you own a business or have an	Nature of the case  y of the following connections to an either full-time or part-time	Status of the case
As Ha	No Yes. Fill in the details.  ase Title ase Number  Give Details About Your Business of ithin 4 years before you filed for bankru  A sole proprietor or self-employed.	Court or agency Name Address (Number, Street, City, State and ZIP Code) or Connections to Any Business aptrophy, did you own a business or have and d in a trade, profession, or other activity,	Nature of the case  y of the following connections to an either full-time or part-time	Status of the case
As Ha	A sole proprietor or self-employed.  A member of a limited liability con	Court or agency Name Address (Number, Street, City, State and ZIP Code) or Connections to Any Business aptrophy, did you own a business or have and in a trade, profession, or other activity, mpany (LLC) or limited liability partnersh	Nature of the case  y of the following connections to an either full-time or part-time	Status of the case
As Ha	No Yes. Fill in the details.  ase Title ase Number  Give Details About Your Business of thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability could be a partner in a partnership  An officer, director, or managing	Court or agency Name Address (Number, Street, City, State and ZIP Code) or Connections to Any Business aptrophy, did you own a business or have and in a trade, profession, or other activity, mpany (LLC) or limited liability partnersh	Nature of the case  y of the following connections to an either full-time or part-time	Status of the case
As Ha	No Yes. Fill in the details.  ase Title ase Number  Give Details About Your Business of ithin 4 years before you filed for bankru  A sole proprietor or self-employer  A member of a limited liability cor  A partner in a partnership  An officer, director, or managing  An owner of at least 5% of the you	Court or agency Name Address (Number, Street, City, State and ZIP Code)  or Connections to Any Business aptroy, did you own a business or have and in a trade, profession, or other activity, ampany (LLC) or limited liability partnersh executive of a corporation ting or equity securities of a corporation	Nature of the case  y of the following connections to an either full-time or part-time	Status of the case
Art 117. Wi	No Yes. Fill in the details.  ase Title ase Number  Give Details About Your Business of ithin 4 years before you filed for bankru  A sole proprietor or self-employee  A member of a limited liability con  A partner in a partnership  An officer, director, or managing  An owner of at least 5% of the vot	Court or agency Name Address (Number, Street, City, State and ZIP Code)  or Connections to Any Business uptcy, did you own a business or have an d in a trade, profession, or other activity, mpany (LLC) or limited liability partnersh executive of a corporation ting or equity securities of a corporation to Part 12.	Nature of the case  y of the following connections to an either full-time or part-time ip (LLP)	Status of the case
Art 11 Ca Ca Ca Part 11 Part 1	No Yes. Fill in the details.  ase Title ase Number  Give Details About Your Business of ithin 4 years before you filed for bankru  A sole proprietor or self-employee  A member of a limited liability con  A partner in a partnership  An officer, director, or managing  An owner of at least 5% of the vot	Court or agency Name Address (Number, Street, City, State and ZIP Code)  or Connections to Any Business aptroy, did you own a business or have and in a trade, profession, or other activity, ampany (LLC) or limited liability partnersh executive of a corporation ting or equity securities of a corporation	Nature of the case  y of the following connections to an either full-time or part-time ip (LLP)	Status of the case  y business?

Debtor 1 Quail, Allen M Jr.			Case number (if known)
Business Name Address (Number, Street, City, Sta	ate and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
Allen M. Quali - I 800 Lockwood R Royal Oak, MI 48	Rd	Band Donald J. Chadwick CPA	EIN: From-To 2012 to Date
Allen M Quail J.	- Band		EIN:
800 Lockwood R Royal Oak, MI 48			From-To
No Yes. Fill in the Name Address Number, Street Care		Date Issued	
I have read the answers true and/cornect I buller bankruptcy dase panyes 18 U.S.C. \$\$/152/1344, 1	petand that making a fal	inancial Affairs and any attachments, and lse statement, concealing property, or ob 000, or imprisonment for up to 20 years,	d I declare under penalty of perjury that the answers are btaining money or property by fraud in connection with a or both.
Allen M Quail, Jr. Signature of Debtor 1		Signature of Debtor 2	
Date December 11,	2018	Date	
Did you attach additiona ■ No □ Yes	al pages to Your Staten	nent of Financial Affairs for Individuals F	iling for Bankruptcy (Official Form 107)?
Did you pay or agree to  ■ No □ Yes. Name of Person_		ot an attorney to help you fill out bankru ruptcy Petition Preparer's Notice, Declaration	

Fill in this information to identify your case:		
Allen M Quail, Jr.  First Name Middle Name	Last Name	
Debtor 2 (Spouse if, filing) First Name Middle Name	Last Name	
United States Bankruptcy Court for the: EASTERN DIST	FRICT OF MICHIGAN, DETROIT DIVISION	
Case number		
(if known)		Check if this is an amended filing
		amended ming
Official Forms 100		
Official Form 108		
Statement of Intention for Ind	ividuals Filing Under Chapter	r 7 12/15
Marcon and and individual filters and as the star Warrant Ad	211 - A 41-2- 6 16-	
If you are an individual filing under chapter 7, you must f creditors have claims secured by your property, or	ill out this form it:	
you have leased personal property and the lease has	not expired	
You must file this form with the court within 30 days after	r you file your bankruptcy petition or by the date set for	the meeting of creditors,
whichever is earlier, unless the court extends the form	he time for cause. You must also send copies to the cre	ditors and lessors you list on
If two married people are filing together in a joint case, be and date the form.	oth are equally responsible for supplying correct inform	nation. Both debtors must sign
Re as complete and accurate as possible if more space	is needed attach a consente cheet to this form. On the t	on of any additional pages
Be as complete and accurate as possible. If more space i write your name and case number (if known).	is needed, attach a separate sneet to this form. On the ti	op of any additional pages,
Part 1: List Your Creditors Who Have Secured Claims		
For any creditors that you listed in Part 1 of Schedule information below.     Identify the creditor and the property that is collateral	D: Creditors Who Have Claims Secured by Property (Of What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's US Bank Home Mortgage	☐ Surrender the property.	■ No
name:	☐ Retain the property and redeem it.	
Description of 800 Lockwood Rd, Royal Oak,	Retain the property and enter into a Reaffirmation	☐ Yes
property MI 48067-1610	Agreement.  Retain the property and [explain]:	
securing debt:	22 retain the property and [explain].	
For any unexpired personal property Leases  For any unexpired personal property lease that you liste		eases (Official Form 106G) fill in
the information below. Do not list real estate leases. Une	xpired leases are leases that are still in effect; the lease	
may assume an unexpired personal property lease if the	trustee does not assume it. 11 U.S.C. § 365(p)(2).	
Describe your unexpired personal property leases	7.h., 30.	VIII the lease be assumed?
Locard name: Alla Financial		7
Lessor's name: Ally Financial	L	□ No
		Yes
Property: Installment account opened  Credit Limit: \$15.164.00. Re	1/1/2017 maining Balance: \$5,961.00	
2.22.2	9	•
Part 3: Sign Below		4. 4. 4. 4.

Debtor 1	Quail, Allen M Jr.	Case number(if known)
property to	hat is subject to axunexpired lease.	out any property of my estate that secures a debt and any personal
	n M Guail Jr. alure of Debtor 1	Signature of Debtor 2
Date	December 11, 2018	Date

Statement of Intention for Individuals Filing Under Chapter 7